

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, January 19, 2010 at the hour of 12:00 P.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Ansell called the meeting to order at 12:08 P.M., however, a quorum was not reached. The Committee began to receive information. At 12:15 P.M., a quorum was reached and the Committee began to take action on the items presented.

Present: Chairman David Ansell, MD, MPH and Director Luis Muñoz, MD, MPH (2)
Mary Driscoll and Lois Elia (Non-Director Members)

Absent: Director Hon. Jerry Butler (1)

Additional attendees and/or presenters were:

Richard Blackwell	Anwer Hussain, DO, FAAEM	Michael Puisis, MD
William T. Foley	Randolph Johnston	Elizabeth Reidy
David Goldberg, MD	Sue Klein	Lula Roberson
Aaron Hamb, MD	Maurice Lemon, MD, MPH	Deborah Santana
Martina Harrison	Edward Linn, MD	Anthony J. Tedeschi, MD,
Avery Hart, MD	Charlene Luchsinger	MPH, MBA
Helen Haynes	Roz Lennon	Sidney Thomas
Carmen Hudson-White, MD	Terry Mason, MD	Pierre Wakim, MD

II. Public Speakers

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from System Chief Medical Officer

Dr. Terry Mason, Chief Medical Officer for the Cook County Health and Hospitals System, presented his report to the Committee. During his presentation, he noted that there are two standards by which everything will follow. First, there will be a high-quality, patient-centric, fiscally responsible methodology of care. Secondly, they will engage in a System-wide level of accountability, which is based on clear organizational structure and metrics-driven objectives.

Chairman Ansell noted that at the February or March meeting, he would like to see a presentation on the plan to implement the 2010 Quality Plan and Organizational Structure. The Plan and Structure was approved at the November 24, 2009 meeting of the Quality and Patient Safety Committee, and was subsequently approved by the System Board of Directors at their meeting of December 18, 2009.

IV. Committee Reports**A. Minutes of the Quality and Patient Safety Committee Meeting, November 24, 2009**

Director Muñoz, seconded by Chairman Ansell, moved to accept the minutes of the Quality and Patient Safety Committee Meeting of November 24, 2009. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Quality and Patient Safety Committee Special Meeting, December 30, 2009

Director Muñoz, seconded by Chairman Ansell, moved to accept the minutes of the Quality and Patient Safety Committee Special Meeting of December 30, 2009. THE MOTION CARRIED UNANIMOUSLY.

V. Recommendations, Discussion/Information Item**A. Quarterly quality report from John H. Stroger, Jr. Hospital of Cook County**

Sue Klein, Director of Quality, and Dr. Maurice Lemon, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County, presented their quarterly quality report (Attachment #1). The Committee reviewed and discussed the information.

VI. Action Items**A. Any items listed under Sections IV, V and VII****VII. Closed Session Discussion/Information Items****A. Update on status of preparations for Cermak re-accreditation****B. Reports from the Medical Staff Executive Committees**

- i. Oak Forest Hospital of Cook County
- ii. Provident Hospital of Cook County
- iii. John H. Stroger, Jr. Hospital of Cook County

C. Medical Staff Appointments/Re-appointments/Changes**D. Reports on the following:**

- i. Sentinel events or near misses
- ii. Patient grievance reports
- iii. "Never" events
- iv. Recent regulatory visits

Chairman Ansell, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(17), which permits closed meetings for consideration of "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting." THE MOTION CARRIED UNANIMOUSLY.

VII. Closed Session Discussion/Information Items (continued)

Chairman Ansell declared that the closed session was adjourned. The Committee reconvened into open session.

Chairman Ansell, seconded by Director Muñoz, moved to approve the Medical Staff Appointments/Re-appointments/Changes (Attachment #2), with the exception of the reappointment application for Dr. Douglas Smego at John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

VIII. Adjourn

Chairman Ansell, seconded by Director Muñoz, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY and the meeting adjourned.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Luis Muñoz, MD, MPH, Acting Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
January 19, 2010

ATTACHMENT #1

REPORT TO THE CCHHS QUALITY AND PATIENT SAFETY COMMITTEE

From: John Stroger Hospital of Cook County

January 18, 2010

Agenda:

1. Quality Measures update
 - a. Core measures
 - b. Hospital-acquired infections
 - c. Other hospital data
 - d. Patient satisfaction data
2. Regulatory visits summary for 2009
3. Report of PI initiative: Reducing Mortality in Severe Sepsis and Septic Shock

Quality Measures Update

Stroger Hospital Report to CCHHS
Quality and Patient Safety Committee
1/19/10

Quality data updates

1. Current core measures data
2. New core measure sets to be done
3. HCAPHS data
4. Health care associated infections (HAI) rates
5. Other hospital data

Core Measures: Heart Failure (HF)

HF	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009 (Oct)	Q4 2009 (Nov)	Hospital Average	State Average Q3 2008- Q2 2009
HF-1: Discharge Instructions	76%	82%	64%	63%	62%	68%	72%	77%	46%	68%	80%
HF-2: Evaluation of LVS Function	97%	99%	99%	100%	97%	100%	99%	100%	88%	98%	94%
HF-3: ACEI or ARB for LVSD	100%	94%	100%	100%	100%	100%	100%	100%	100%	99%	90%
HF-4: Adult Smoking Cessation Advice/Counseling	92%	65%	79%	64%	76%	63%	96%	100%	100%	82%	94%

Core Measures: Acute Myocardial Infarction (AMI)

AMI	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009 (Oct)	Q4 2009 (Nov)	Hospital Average	State Average Q3 2008- Q2 2009
AMI-1: Aspirin at Arrival	93%	100%	100%	94%	97%	97%	100%	100%	100%	98%	94%
AMI-2: Aspirin Prescribed at Discharge	98%	100%	90%	100%	100%	100%	98%	100%	100%	98%	93%
AMI-3: ACEI or ARB for LVSD	88%	100%	92%	100%	100%	88%	100%	100%	100%	96%	91%
AMI-4: Adult Smoking Cessation Advice/Counseling	89%	80%	78%	85%	67%	80%	100%	100%	—	85%	97%
AMI-5: Beta-Blocker Prescribed at Discharge	93%	94%	96%	96%	100%	100%	98%	100%	100%	97%	93%
AMI-8a: Primary PCI Received Within 90 Minutes of Hospital Arrival	0%	50%	33%	50%	25%	25%	—	—	0%	26%	80%

Core Measures: Pneumonia (PN)

PN	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009 (Oct)	Q4 2009 (Nov)	Hospital Average	State Average Q3 2008- Q2 2009
PN-2: Pneumococcal Vaccination	27%	11%	60%	80%	62%	31%	20%	20%	25%	37%	85%
PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	69%	70%	87%	83%	71%	96%	82%	92%	69%	80%	94%
PN-4: Adult Smoking Cessation Advice/Counseling	70%	52%	68%	65%	78%	64%	89%	100%	100%	76%	92%
PN-5c: Initial Antibiotic Received Within 6 Hours of Hospital Arrival	49%	51%	48%	58%	60%	46%	54%	78%	56%	56%	94%
PN-6: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients (CMS)	56%	42%	69%	52%	53%	55%	53%	78%	100%	62%	87%
PN-7: Influenza Vaccine**	61%	—	—	74%	61%	—	—	67%	79%	68%	83%

Core Measures: Surgical Care Improvement Project (SCIP)

SCIP	Q1 2008	Q2 2008	Q3 2008	Q4 2008	Q1 2009	Q2 2009	Q3 2009	Q4 2009 (Oct)	Q4 2009 (Nov)	Hospital Average	State Average Q3 2008- Q2 2009
SCIP-Inf-1: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision	85%	93%	91%	93%	92%	83%	94%	80%	100%	90%	89%
SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Patients	98%	93%	98%	93%	98%	96%	97%	100%	92%	96%	94%
SCIP-Inf-3: Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	93%	82%	85%	78%	88%	93%	91%	89%	73%	86%	88%
SCIP-Inf-4: Cardiac Surgery Patients with Controlled 6 A.M. Postoperative Blood Glucose	95%	88%	78%	88%	92%	100%	74%	100%	80%	88%	90%
SCIP-Inf-7: Colorectal Surgery patients with Immediate Postoperative Normothermia	—	—	—	65%	77%	96%	80%	n/a	n/a	80%	77%*
SCIP-VTE-1: Surgery Patients Recommended Venous Thromboembolism Prophylaxis	98%	93%	90%	98%	95%	99%	98%	100%	82%	95%	87%
SCIP-VTE-2: Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	91%	77%	84%	89%	91%	98%	98%	92%	82%	89%	85%

Smoking cessation (HF-4, AMI-4, PN-4)

- Included in 3 sets of disease related data
- Low rates for many years
- New actions include smoking cessation advice in discharge summary
- Recent data shows improved rates to 100%
- Meaningfulness of intervention less clear
- To increase smoking cessation counseling in nurse generated Cerner action

Primary PCI in 90 minutes (AMI-8a)

- Poorest performance to benchmark
- Complex due to ED and Cardiology action
- For last 9 months have process mapped and timed all components of action
- Several actions are most responsible for delay
- Improvements but overall times still disappointing
- Group to focus on several key interventions

Vaccination (PN-2, PN-7)

Pneumococcal

- Cerner prompts have not raised and sustained rate enough
- New Pneumonia care set will include vaccination order on admission to inpatient service
- A EMR-based discharge intervention will catch misses

Influenza

- Rates are higher the last few months
- Pneumonia care set will also prompt flu vaccine
- Shortages in supply this year have hampered compliance

Initial Antibiotic within 6 hr of arrival (PN -5c)

- Challenging to the ED because diagnosis is based on X-ray (which is questionable)
- Patients may have multiple complaints
- Newest adjustment in ED protocol leads to rapid chest xray for relevant complaints
- Awaiting updated information on impact

Discharge Instructions (HF-1)

- Chronic difficulty in meeting standard for HF patients alone
- Past interventions have been educationally focused on housestaff and nursing
- Working on EMR changes to address this
- New core set for CHF treatment will address discharge instructions
- Systematic revamping of discharge instructions/teaching is a longer-term goal

Other measures in AMI, HF, PN

- Mortality rates are all within national norms
 - Looking more closely at mortality cases
- Readmission rates are all within national norms
 - Project underway looking at HF readmissions

SCIP (Surgical Care improvement project) measures

- Most are above national averages
- Excellent in DVT-associated measures
- Most challenging is normothermia in colorectal surgery patients (SCIP-Inf-7)
- Related to engineering and equipment
- New warmers should drive improvement in next quarter
- Postop Glu control (SCIP-Inf-4) should improve as diabetes protocols expand

New core measure sets -Stroke

- Stroke will have set of core measures
- SHCC will apply to become certified primary stroke center
- Important for ED ambulance flow
- Must track 8 core measures
- Now assembling pilot data

New core measure sets -Perinatal

- Pregnancy-related measures have been tracked in past and have been satisfactory including:
 - VBAC (vaginal birth after caesarian) rate
 - Inpatient neonatal mortality
 - Delivery-related third or fourth degree laceration
- New perinatal measures will start this year (4/10):
 - Elective delivery % in 37-39 week pregnancies
 - Caesarian section rate
 - Antenatal steroid use in premature infants
 - Blood stream infections in newborns
 - Exclusive breast milk feeding (includes self-report)

HCAHPS	2008	2009	Govt. Teaching Hospital Average	State Average
Rate Hospital 9 or 10 (0-10 Scale)	53%	51%	60%	62%
Recommend this Hospital (Yes, definitely)	62%	59%	66%	65%
Communication with Nurses* (Always)	64%	62%	68%	73%
Response of Hospital Staff* (Always)	48%	47%	52%	59%
Communication with Doctors* (Always)	79%	79%	76%	79%
Pain* (Always)	63%	63%	64%	67%
Communication re Medicines* (Always)	55%	56%	57%	57%
Discharge Process * (Satisfied)	75%	74%	78%	80%
Room and Bathroom kept clean* (Always)	50%	49%	60%	68%
Area around room quiet at night* (Always)	57%	54%	49%	53%
<div> <div></div> <div>* Scale: Never, Sometimes, Usually, Always</div> </div>				

Hospital associated infections

- A major focus of TJC monitoring and review
- Overall, excellent results here compared to national norms
- Tracked closely by Infection Control group
- Several problem areas being addressed
- Several new areas

CLABSI -- Central line associated bloodstream infection

- An important marker of care for complications
- Overall rates have decreased 20% from 2008
- Benchmarking with NHSN (National Health Statistics Network)
- SHCC rates significantly below benchmarks in all but one ICU last year

Open heart - surgical infections

- One of the key areas tracked for infectious complications
- Deep sternal infection rate has dropped to 1%
- SHCC rate below NHSN benchmark (up to 3%)
- Other infectious complications low

New/Problem areas

- Collecting Catheter associated UTI data
- Revising collection of Ventilator-associated pneumonia data
- Neurosurgery-- some variation in laminectomy infection rates
 - Subgroup reviewing data
- Gynecology- higher recent rates
 - Hypothesis --due to higher rates of obesity and higher risk patients ?, no other consistent predictor found

Tuberculosis tracking

- Cases have fallen to lowest rate in 2009
- TST conversion rate for employees is 0.5% which is excellent (particularly so because of the relatively high rates and advanced cases seen)

Hand Hygiene

- A major focus of TJC surveys which now look at hospital action plans to data collected
- Rates have improved – 40%→70%+
- Monitoring each unit with feedback provided
- Also monitoring by health care worker type
- Several interventions– targeted feedback, product changes (gel→foam), internet information and training modules

Other hospital data –

- H1N1 encounters
- End of year encounter numbers

H1N1 summary information

- About 300 confirmed cases here
- Age range younger than seasonal flu
- 4 deaths
- Cases have dropped off recently
- Vaccination numbers: over 3000 employees
- Information flow in the institution has been identified as a problem and subject of task force
- High level organizing and decision making was timely and focused

SHCC Encounter numbers

- Generally, all encounters increased in FY 2009
- Adult ER visits- the highest in over three years
- Peds ER visits- upward trend after 3 year decline
- Admissions increased to highest in 4 years
- Stroger Specialty visits up

Inpatient numbers FY 2009

- Overall occupancy about 66% but varies by unit
- Med-Surg % occupancy at ~80% (but some beds not staffed) – for fully staffed floors % occupancy at ~87%.
- Med-Surg ALOS = 3.8 days
- OB-Gyne % occupancy ~65%
- Pediatrics lower
- 30 % of SHCC beds are ICU beds

Summary

- Many core measures improved though time-dependent measures are most difficult
- HCAPHS scores steady and unsatisfactory, major improvement efforts planned
- HAI – excellent progress in many areas
- H1N1 demonstrated strengths and weaknesses of emergency response process
- Overall, hospital encounters in 2009 increased in most departments

Reducing Mortality in Severe Sepsis and Septic Shock – An Initial Success Story

Submitted by:

Date: 12/2009

John Bailitz, MD

Department of Emergency Medicine

Renaud Guerret, MD

Department of Internal Medicine, Division of Pulmonary and Critical Care

At Cook County, we are very proud of the outstanding patient care we provide to our patients with advanced HIV and cancer despite sometimes limited institutional resources. Often times, these patients present to the Emergency Department with life threatening infections as an unavoidable consequence of their underlying disease. In 2008, leadership from the Department of Emergency Medicine, Pulmonary and Critical Care, Infectious Disease, and Quality Improvement formed a Sepsis working group in an effort to continue to improve patient care for patients with severe sepsis and septic shock.

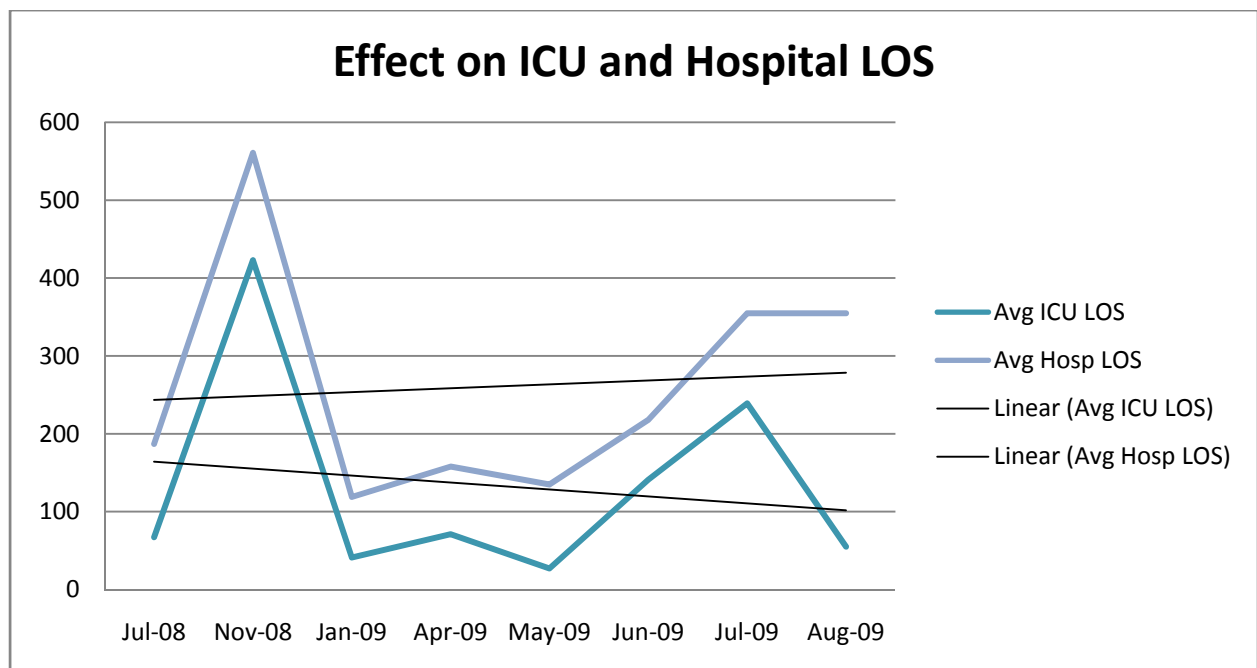
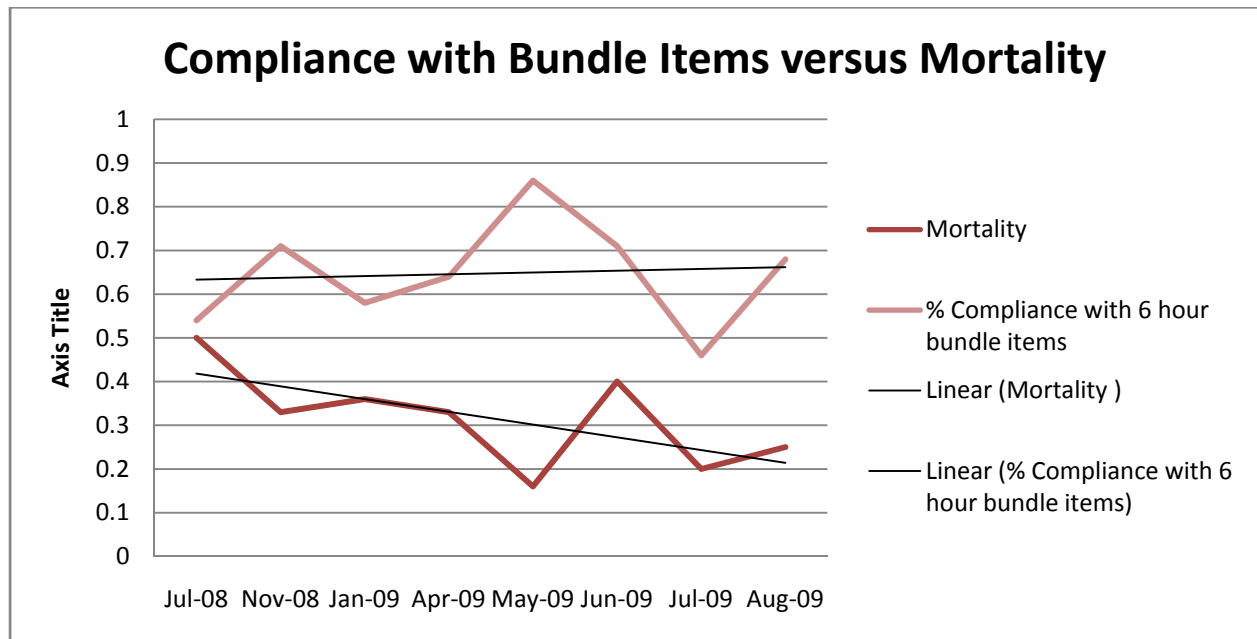
Together we created an institution specific severe sepsis and septic shock bundle based on recommendations from the Institute for Healthcare Improvement. Next we created novel educational programs for the staff of the Department of Emergency Medicine as well as Pulmonary and Critical Care. In the Spring of 2009, all physician staff participated in a severe sepsis and septic shock simulation lab session in the Department of Emergency Medicine simulation center. With over 200 nurses in the department of Emergency Medicine, twelve 30 minute case based presentations were provided to with local nursing leadership to educate staff on different shifts.

In May of 2009, we officially began utilizing our Severe Sepsis and Septic Shock bundle. In an effort to measure the effectiveness of these efforts, we examined cases from four months pre-educational intervention and the initial four months post-educational intervention. This initial report was reviewed by the Department of Emergency Medicine at the November faculty and resident meeting and provided to all involved departments.

Study Period with respect to Educational Intervention	% Compliance with 6 hour bundle items Before and After	Mortality Before and After	Avg ICU LOS Before and After	Avg Hosp LOS Before and After
Before	55%	39%	150.5	256.25
After	64%	25%	115.5	265.75

The early data examining compliance with 6 hour bundle goals and effect on mortality and length of stay are encouraging. Quarterly updates will continue to be provided to all departments involved in an effort to continually work together to improve care. We are currently examining compliance with more recent 6 hour goals, 24 hour goals,

illness severity scores, source identification and appropriateness of antimicrobial treatment, and length of stay as a marker of the economic impact of this educational program. The project has been approved by the IRB. A study description and clinical pathway are attached.



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
January 19, 2010

ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items
Subject to Approval by the CCHHS Quality and Patient Safety Committee - Meeting of January 19, 2010

Medical Staff Initial Appointments

Breadon, Jonith, MD Appointment Effective:	Medicine/Dermatology January 19, 2010 through January 18, 2012	Consulting Physician
Kanard, Robert, MD Appointment Effective:	Pediatric Surgery January 19, 2010 through January 18, 2012	Voluntary Physician
Maggiolino, Giacomo, MD Appointment Effective:	Medicine/Dermatology January 19, 2010 through January 18, 2012	Voluntary Physician
Papari, Monsa, MD Appointment Effective:	Pathology/Blood Bank January 19, 2010 through January 18, 2012	Consulting Physician
Perrin, M. Jane H., MD Appointment Effective:	General Medicine January 19, 2010 through January 18, 2012	Voluntary Physician
Plattner, Aaron, MD Appointment Effective:	Psychiatry/Adult Psychiatry January 19, 2010 through February 23, 2011	Voluntary Physician
Shafiei, Shams, MD Appointment Effective:	Medicine/Pulmonary Critical Care January 19, 2010 through January 18, 2012	Affiliate Physician
Sreih, Antoine G., MD Appointment Effective:	Medicine/Rheumatology January 19, 2010 through January 18, 2012	Voluntary Physician
Trinkus, Victor P., MD Appointment Effective:	Obstetrics & Gynecology/Gyne January 19, 2010 through January 18, 2012	Voluntary Physician

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Jelev, Tanyu, MD Reappointment Effective:	Anesthesiology February 15, 2010 through February 14, 2012	Active Physician
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Department of Emergency Medicine

Cosby, Karen, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Active Physician
Kling, Mark, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Active Physician

Item VII(C) AS AMENDED – 1/19/10 QPS Committee Meeting

APPROVED AS AMENDED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 19, 2010

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Emergency Medicine

Nasr, Isam, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Active Physician
Palivos, Lisa, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Active Physician
Schaider, Jeffrey, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through December 29, 2011	Active Physician
Sherman, Scott, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Active Physician
Simon, Robert, MD Reappointment Effective:	Emergency Medicine February 19, 2010 through February 18, 2012	Voluntary Physician
Wahl, Michael, MD Reappointment Effective:	Emergency Medicine February 20, 2010 through February 19, 2012	Voluntary Physician

Department of Medicine

Krishnan, Kousik, MD Reappointment Effective:	Adult Cardiology January 22, 2010 through January 21, 2012	Voluntary Physician
Rossi, Marvin A., MD Reappointment Effective:	Neurology January 23, 2010 through January 22, 2012	Voluntary Physician

Department of Pathology

Beavis, Kathleen, MD Reappointment Effective:	Pathology/Microbiology February 19, 2010 through February 18, 2012	Active Physician
Czapar, Carol, MD Reappointment Effective:	Pathology/Anatomic Pathology February 15, 2010 through February 14, 2012	Active Physician
Jiang, Jinxing, MD Reappointment Effective:	Pathology/Anatomic Pathology February 15, 2010 through February 14, 2012	Active Physician
Kovarik, Paula, MD Reappointment Effective:	Pathology/Hematology February 19, 2010 through February 18, 2012	Active Physician
Sekosan, Marin, MD Reappointment Effective:	Pathology/Anatomic Pathology February 19, 2010 through February 18, 2012	Active Physician
Simples, Patricia, MD Reappointment Effective:	Pathology February 19, 2010 through February 18, 2012	Active Physician
Singh, Satinder, MD Reappointment Effective:	Pathology February 19, 2010 through February 18, 2012	Consulting Physician

Item VII(C) AS AMENDED – 1/19/10 QPS Committee Meeting

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APPROVED AS AMENDED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 19, 2010

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Al-Abdulla, Ra-id, MD Reappointment Effective:	Peds Cardiology January 23, 2010 through January 22, 2012	Active Physician
Cabana, Erlinda, MD Reappointment Effective:	Peds Ambulatory January 23, 2010 through January 22, 2012	Active Physician
Sandler, Richard, MD Reappointment Effective:	Pediatrics January 23, 2010 through January 22, 2012	Voluntary Physician
Wilks, Angela, MD Reappointment Effective:	Peds Neonatology January 19, 2010 through January 18, 2012	Honorary Physician

Department of Psychiatry

Ahmed, Fazal, MD Reappointment Effective:	Psychiatry/Child Adolescent February 15, 2010 through February 14, 2012	Active Physician
Davis, Gregory, PhD Renewal of Privileges Effective:	Psychiatry/Ambulatory February 15, 2010 through February 14, 2012	Clinical Psychologist

Department of Radiology

Agarwala, Rita, MD Reappointment Effective:	Special Procedures February 15, 2010 through February 14, 2012	Active Physician
Dave, Nivedita, MD Reappointment Effective:	Radiology January 23, 2010 through January 22, 2012	Voluntary Physician

Department of Surgery

Fishman, Andrew, MD Reappointment Effective:	Otolaryngology January 23, 2010 through January 22, 2012	Voluntary Physician
Higgins, Robert, MD Reappointment Effective:	Cardiothoracic January 22, 2010 through January 21, 2012	Voluntary Physician
Ritacca, Daniel, MD Reappointment Effective:	Ophthalmology January 19, 2010 through January 18, 2012	Voluntary Physician
Smego, Douglas, MD Reappointment Effective:	Cardiothoracic February 25, 2010 through February 24, 2012	Active Physician

Medical Staff Changes with Additional Clinical Privileges

Fish, Karen, MD	New Privileges: Hysteroscopic Tubal Occlusion
Sidle, Douglas, MD	New Privileges: Laser Surgery
Lazzaro, Gianluca, MD	New Privileges: General Surgery

John H. Stroger, Jr. Hospital of Cook County (continued)

Non-Medical Staff Actions

Licensed Independent Practitioner Privileges

Aschkenazy, Jeannie, PhD	Psychiatry/Child Adolescent	Clinical Psychologist
Privileges Effective:	January 19, 2010 through January 18, 2012	

Mid-Level Practitioner Privileges

Nwigwe, Joy C., CNP		
With Franco-Sadud, Richardo, MD	Medicine	Nurse Practitioner
Appointment Effective:	January 19, 2010 through January 18, 2012	

Mid Level Practitioner Renewal of Privileges

Skrivan, Paul A., PA-C		
With Williamson, Sunita B., MD		
Alternate Ali, Nagib, MD	Correctional Health Services	Physician Assistant
Appointment Effective:	February 20, 2010 through February 19, 2012	

Mid-Level Practitioner Collaborative Agreements with Prescriptive Authority

Argueta, Alejandra, PA-C		
With Shah, Sejal, MD		
Alternate Rodriguez, Sergio, MD	Emergency Medicine	Physician Assistant
Benner, Jacqueline M., PA-C		
With Shah, Sejal, MD		
Alternate Rodriguez, Sergio, MD	Emergency Medicine	Physician Assistant
Grooms, Tejuana T., PA-C		
With Abrego, Fidel, MD		
Alternate Khatkhate, Prakash Y., MD	Ob/Gyne	Physician Assistant
Powers, Kathleen E., PA-C		
With Marcus, Elizabeth A., MD		
Alternate Bork, Jeffrey, MD	Surgery	Physician Assistant
Powers, Kathleen E., PA-C		
With Madrigano, Andrea, MD		
Alternate Bork, Jeffrey, MD	Surgery	Physician Assistant
Preib, Barabara A., CNS		
With Lopez, Regina R., MD	Correctional Health Services	Clinical Nurse Specialist
Sikora-Jackson, Ann M., PA-C		
With Rodriguez, Sergio, MD		
Alternate Shah, Sejal, MD	Emergency Medicine	Physician Assistant

Provident Hospital of Cook County



Medical Staff Reappointment Subject to Approval by the CCHHS Quality and Patient Safety Committee – Meeting of January 19, 2010

REAPPOINTMENT APPLICATION

Department of Medicine

Moswin, Arthur H., MD
Reappointment Effective:

Internal Medicine/Infectious Disease
January 23, 2010 through January 22, 2012

Active Physician

Oak Forest Hospital of Cook County



Medical Staff Appointments/Reappointment and Non-Medical Staff Action Items
Subject to Approval by the CCHHS Quality and Patient Safety Committee – Meeting of January 19, 2010

MEDICAL STAFF INITIAL APPOINTMENTS

<u>Name</u>	<u>Department</u>	<u>Status</u>
Escoto, Michael J., D.O. Appointment effective:	Emergency Medicine January 19, 2010 through January 18, 2012	Provisional Physician
Chawla, Rashmi, M.D. Appointment effective:	Medicine/ICU January 19, 2010 through January 18, 2012	Affiliate Physician

MEDICAL STAFF REAPPOINTMENT

Azaran, Abdol, M.D. Reappointment effective:	Medicine/Nephrology January 19, 2010 through	Active Physician January 18, 2012
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NON-MEDICAL STAFF ACTIONS

Licensed Independent Practitioner Privileges

Brachman, Malcolm, Ph.D. Privileges effective:	Rehabilitation Medicine January 19, 2010 through January 18, 2012	Clinical Psychologist
Canzona, John, Psy.D. Privileges effective:	Rehabilitation Medicine January 19, 2010 through January 18, 2012	Clinical Psychologist
Gilliland, Roy, Ph.D. Privileges effective:	Rehabilitation Medicine January 19, 2010 through January 18, 2012	Clinical Psychologist
Strozdaz, Linda, Psy.D. Privileges effective:	Rehabilitation Medicine January 19, 2010 through January 18, 2012	Clinical Psychologist
Thomas, Barbara, Ph.D. Privileges effective:	Rehabilitation Medicine January 19, 2010 through January 18, 2012	Clinical Psychologist